TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))

Docket No. 70869-0072

e e		4		_	
ıln.	RA	Annl	ication	Of:	VERKAART
	110		IO.C. III	O 1.	A T. 1 (1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X

532 Rec'd PCT/PTO 01 JUN 2001

Serial No.	Filing Date	Examiner	Group Art Unit			
to be assigned	Int'l: October 6, 200		·			
Title: Apparatus For Holding And Operating One Or More Syringes						

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

37 CFR 1.97(b)

The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.

37 CFR 1.97(c)

- The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:
 - a Final Action under 37 CFR 1.113, or 1.
 - 2. a Notice of Allowance under 37 CFR 1.311,

whichever occurs first.

Also submitted herewith is:

a certification as specified in 37 CFR 1.97(e);

OR

the fee set forth in 37 CFR 1.17(p) for submission of an Information Disclosure Statement under 37 CFR 1.97(c).

Copyright 1996 Legalsoft P10A/REV01

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))

Docket No. 70869-0072

ln	Re	Application	Of:	V	ERKAART
----	----	-------------	-----	---	---------

532 Rec'd PCT/PTO 01 JUN 2001

		532 Rec 0 PUI/FI	O OI JON 20
Serial No. to be assigned	Filing Date Int'l: October 6, 200	Examiner	Group Art Un
e: Apparatus For	Holding And Operating One O	r More Syringes	7
		ent of Fee to pay the fee set forth in 37 CFR 1.17(p))	,
as described belouded to the control of the control	ow. A duplicate copy of this shee ne amount of y overpayment. ny additional fee required.		
I certify that this o	Transmission by Facsimile* document and authorization to charge ng facsimile transmitted to the United emark Office (Fax. No.	Certificate of Mailing by I certify that this document and to on with the first class mail under 37 C.F.R. 1.8 Assistant Commissioner for Pate 20231.	fee is being deposited e U.S. Postal Service as and is addressed to the
	Signature	Signature of Person Mailing	Correspondence
Typed or Printed l	Name of Person Signing Certificate	Typed or Printed Name of Person M	lailing Correspondence
deposit account.		Dated: June 1, 2001	·

Telephone: 202-835-1111 Facsimile: 202-835-1755

cc: